

## PLACE OF BIRTH

1. County of Pima

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 209County Registrar No. 18Local Registrar No. 7

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Laverie Richardson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child

FemaleTo be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

5. Legitimate? Yes

7. Date of birth

Jan. 20 1925  
Month . day . year

5. No., in order of birth \_\_\_\_\_

8. FATHER

Full name Joseph Monroe Richardson9. Residence  
(Usual place of abode)

If nonresident, give place and state

Globe, Ariz

10. Color or race

White11. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Chihuahua, Mexico

13. Occupation

Nature of industry

Laborer

14. MOTHER

Full maiden name

Etta Gale

15. Residence

(Usual place of abode)

If nonresident, give place and state

Globe, Ariz

16. Color or race

White17. Age at last birthday 23 (Years)

18. Birthplace (city or place)

(State or country)

Franklin  
Arizona

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn 021. Were precautions taken against op.  
thalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Laverie at 12:50 P.M. on the date above stated.  
(Born alive or stillborn.)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child  
is one that neither breathes nor shows other  
evidences of life after birth.

Signature

Address

Given name added from

a supplemental report

Month, day, year.

Registrar.

Filed

2/41925

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2/41925

(Physician or midwife)

Local Registrar.

County Registrar.

395-120-575